Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS EILED - PART I												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN	
TOTAL CLAIMS			1 3	31				RATE	FEE		RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	OP		E 770.00
TOTAL CHARGEABLE CLAIMS			3) minus 20=		•			X\$ 9=	99	OR	X\$18=	
INDEPENDENT CLAIMS			12 minus 3 =		9			X43=	987	OR	Y00	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR		<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column						column 2	ł	TOTAL	+	OR	TOTAL	
	CLAIMS AS AMENDED - PART II								<u> </u>			THAN
	·	(Column 1)		(Column 2) (Column 3				SMALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus			=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	PENDENT	CL AIM	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	1 14 -19 - 20 - 21 72 - 23									OR	TOTAL	
		(Column 1)		(Columi	n 2)	(Column 3)	A	DDIT. FEE	<u> </u>		ADDIT. FEE	L
8		CLAIMS REMAINING		HIGHE:	ST		Г		ADDI-	7 [ADDI-
JENT		AFTER AMENDMENT		PREVIOU PAID FO	JSLÝ.	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AM	Independent	<u> • </u>	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		}-					
·							L	+145= TOTAL		OR	+290≃	•
								DIT. FEE	· · ·	OR A	TOTAL DDIT. FEE	
_		(Column 1)		(Column		(Column 3)	•					·
CINCINEINIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2 -	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
	Independent		Minus	***		=		X43=			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	∧ 00=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	·
II	the "Highest Nun	nber Previously Paid	For IN THIS	SPACE is les	ss than :	20 Antar "20 "	ADE	TOTAL DIT. FEE	• •	OR A	TOTAL DIT. FEE	
TI	ne *Highest Numl	nber Previously Paid ber Previously Paid	For (Total or li	SPACE is le: ndependent)	ss than is the h	3, enter "3." ighest number (ppriate box			